

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90005 031 ****50.00

DOCUMENT # L94000000104

1. Entity Name
THE FDT LIMITED COMPANY

Principal Place of Business
**3160 SOUTH GATE CIRCLE
 SARASOTA FL 34239**

Mailing Address
**3160 SOUTH GATE CIRCLE
 SARASOTA FL 34239**

80036369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
7316 BROUGHTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA FLA

4. FEI Number
65-0480973

Applied For
 Not Applicable

Zip Country
34243 USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREIGHTON, TIMOTHY R
 3160 SOUTH GATE CIRCLE
 SARASOTA FL 34239**

Name **CREIGHTON TIMOTHY R**
 Street Address (P.O. Box Number is Not Acceptable)
7316 BROUGHTON ST.
 City **SARASOTA FL** Zip Code **34243**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **TIMOTHY R CREIGHTON MGRM Timothy R Creighton 2-19-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREIGHTON, A F JR 710 FOX CLIFF CT SMYRNA GA 30082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODRUFF, DIAN C 4710 ACORN CIRCLE SARASOTA FL 33583 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREIGHTON, TIMOTHY R 3160 SOUTH GATE CIRCLE SARASOTA FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREIGHTON TIMOTHY R 7316 BROUGHTON ST. SARASOTA FLA 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Timothy R Creighton MGRM TIMOTHY R CREIGHTON 2-19-02 941 365 3343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)